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FILED
Mar 10, 2008 8:00 am
Secretary of State

02-06-2008 90032 016 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000076230

1. Entity Name
ROOT SOLUTIONS, INC.

C6002968

Principal Place of Business	Mailing Address
125 MARSHALL AVENUE ARCADIA, FL 34266	125 MARSHALL AVENUE ARCADIA, FL 34266
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

01102008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2934339 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDELMANN, KAY M 125 MARSHALL AVENUE ARCADIA, FL 34266	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kay M. Edelmann 1/30/08
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDELMANN, KAY M 125 MARSHALL AVENUE ARCADIA, FL 34266	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kay M Edelmann 1/30/08 8634942963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

2000 FOR PROFIT CORP. ANNUAL REPORT

ROOT SOLUTIONS, INC. 06-05
P.O. BOX 1277
ARCADIA, FL 34265

1304

63-27/631 FL
1017

DATE 1/30/08

PAY TO THE ORDER OF FLORIDA DEPT. OF STATE $ 150.00

ONE HUNDRED FIFTY & 00/100 DOLLARS

Bank of America

ACH R/T 063100277

FOR P05000076230

ATTACHMENT

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